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# **Prehospital Pediatric Care**

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**Pediatric  
Basics**

**Pretest**

1. You have responded to the scene of a bicycle/auto accident. A 7 year old boy is lying about 20 feet from the car. He is moaning incoherently, has blood leaking from both his nose and mouth, and has an obvious fractured femur. Respirations are cheyne-stokes; pulse 66. Which of the following interventions would you do prior to beginning transport to the hospital, which is 25 minutes away?
  - a. Secure the airway and apply a cervical collar
  - b. Stabilize the fractured leg using a HARE or other traction splint and obtain a blood pressure
  - c. Establish bilateral IV's using lactated ringers solution
  - d. Perform a secondary survey after removing clothing to ensure that all injuries have been found
2. Which of the following would be the most appropriate field intervention when you are treating a 1-year-old child who is unconscious after being ill with flu like symptoms, has a pulse rate of 182 and respirations of 62? You are 10 minutes from the hospital.
  - a. Insert oropharyngeal airway, apply oxygen per mask at 10 liters and initiate transport
  - b. Determine core temperature while your partner is starting an IV. Use lactated ringers solution
  - c. Initiate CPR as the CNS is not being perfused
  - d. Apply oxygen at 10-12 liters per mask, start an IV of LR and inquire of caretaker regarding health status of child
3. Which of the following interventions should usually be omitted when the hospital is only a short distance from the scene?
  - a. Oropharyngeal airway and oxygen
  - b. Vital signs
  - c. Cervical collar and backboard
  - d. Secondary survey
4. Match the numbered interventions to the appropriate problems. A number can be used more than once.
  - a. Cardiac arrest due to auto/bike trauma \_\_\_\_\_
  - b. Complete upper airway obstruction \_\_\_\_\_
  - c. Bilateral fx femurs with no palpable B/P \_\_\_\_\_
  - d. Unconscious from unknown ingestion \_\_\_\_\_
  1. Establish IV line and transport
  2. Begin transport – attempt treatment en route
  3. Secure airway, initiate CPR, and transport
  4. Start O2, start bilateral IV's, apply MAST, and request medications
  5. Secure airway, administer O2, and transport

5. Which of the following is NOT a factor which creates stress in prehospital providers who care for children?
  - a. Lack of exposure
  - b. Awareness of insecurity
  - c. Personalization
  - d. Nature of the illness or injury
6. Which of the following usually increases the degree of stress felt by prehospital personnel when dealing with pediatric emergencies?
  - a. Sex of the child
  - b. Age of the child
  - c. Reactions of the child to being injured or ill
  - d. Outcome of the emergency situation
7. Which of the following is not a reaction that can occur in a child as a result of being severely ill or injured?
  - a. Wetting the bed
  - b. Loss of hair and weight gain
  - c. Dreams and/or nightmares
  - d. Depression
8. Which of the following actions by prehospital personnel most often establish trust and confidence in parents?
  - a. Let them know your job title and length of experience
  - b. Tell them about other similar cases you have worked on and their outcomes
  - c. Move them away from the situation so they only have you to focus upon
  - d. Explain your actions and allow them to help if appropriate
9. Which of the following responses would be most appropriate when parents ask you if their child is going to die?
  - a. Tell them you are not allowed to make such a diagnosis
  - b. Explain the gravity of the problem and what is being done
  - c. Tell them that the doctor will explain all possibilities when they reach the hospital
  - d. Describe all life signs that are still present and explain the medical care that will be given in the hospital
10. Which age range is best described by the following characteristics? Functions by instincts and reflexes; obligate nose breathers; not afraid of strangers; susceptible to heat loss and dehydration.
  - a. Toddlers
  - b. 6-12 months
  - c. 0-3 months
  - d. 3-6 months

11. Which of the following observations should alert you to the possibility of severe illness in an infant?
  - a. Crying, pink or red about the face and neck, refusing to take a bottle
  - b. Ignores you as you talk and examine even though you are a stranger; seems to ignore the parent as well
  - c. Limp, listless and non responding during your examination
  - d. Crying constantly despite all you or the parent can do to comfort and quiet
12. The classic age for febrile seizures, aspiration and upper airway obstructions is?
  - a. 0-3 months
  - b. 3-6 months
  - c. 6-12 months
  - d. Toddler
13. Which of the following problems is MOST COMMON to all children below the age of 3 years?
  - a. Febrile seizures
  - b. Poisonings
  - c. Falls
  - d. Respiratory infections
14. The major cause of morbidity/mortality in the 3-6 age range child is?
  - a. Blunt trauma
  - b. Poisoning
  - c. Meningitis
  - d. Epiglottitis
15. At what age do children usually become aware of their physical characteristics and modest?
  - a. 6-12 months
  - b. 6-12 yrs
  - c. 1-3 yrs
  - d. 3-6 yrs
16. The leading killer of school age children is?
  - a. Diabetes
  - b. Infections
  - c. Child abuse
  - d. Trauma

17. The age range most associated with emotional fragility is?
  - a. 1-3 yrs
  - b. 6-12 yrs
  - c. Adolescence
  - d. 3-6 yrs
18. Which of the following will be over emotional when seeing a simple wound, anxious about the absence of a parent and resistive to being examined?
  - a. Preschooler
  - b. School age
  - c. Toddler
  - d. Adolescent
19. The characteristic which provides greatest danger to the adolescent is?
  - a. Immodest
  - b. Imaginitive
  - c. Emotional
  - d. Invulnerable
20. Which of the following statements is correct regarding the pediatric history?
  - a. A history must be obtained on children younger than 4 years or the hospital will be unable to provide safe care
  - b. An evaluation of the ABC's always follows the history regardless of the situation
  - c. An on-scene observation precedes the history and is a unique prehospital function
  - d. You can't use information provided by the child as they are too emotional to be of value
21. When asking questions about past medical history in the neonate and infant, you should?
  - a. You can skip this area as such young children have no past medical history
  - b. Ask about problems with other siblings in the household
  - c. Ask about pregnancy and delivery problems
  - d. Inquire about health problems of the father and mother
22. Which of the following is not correct regarding the mnemonic AMPLE?
  - a. M stands for medications the child is taking
  - b. P stands for the problem that initiated calling EMS
  - c. A stands for allergies
  - d. L stands for last meal

23. Which of the following observations would best provide an evaluation of level of consciousness in an infant?
- Awareness of strangers
  - Movements or activity
  - Changes described by parents or caregivers
  - Reaction to noise
24. Which of the following observations would LEAST indicate that there is possible obstruction to the airway?
- Hoarseness
  - Stridor
  - Nasal flaring
  - Decreased capillary refill
25. A 2-year-old child is grunting and sitting with her arms wrapped around a pillow. She is ashen in color. Her respiratory rate is 55 and her heart rate is 128. Which of the following would provide the best care for this child?
- Leave her in the position of choice; apply oxygen per mask at 10-12 liters and transport ASAP
  - Leave her in the position of choice; apply oxygen per nasal cannula and start an IV of lactated ringers
  - Lie her flat and assist her ventilation with bag/valve/mask at 100% oxygen flow. Transport ASAP
  - Arrest is imminent. Place on a backboard and begin transport. Prepare to intubate if possible and start bilateral IV lines with LR en route
26. You are called to a private residence where the caregiver of a four-month-old infant tells you the baby fell from his crib. You observe the side rails are in the raised position and the blankets and sheets are dirty and smell of urine and emesis. The infant's respirations are 54 per minute. The pulse is 118. Which of the following statements is correct?
- The baby probably did pull himself up and fallout. He does not appear injured and vital signs are within normal range
  - The story of the fall is not consistent with normal growth and development. The baby's respirations are increased/pulse is within normal range
  - The story is not consistent with growth and development characteristics. The respirations are normal but the pulse is elevated
  - The story is consistent with growth and development guidelines for this age child. The respirations and pulse are both elevated
27. The normal heart rate for a school age child would be?
- 60-100
  - 90-120
  - 70-90

28. Which area should be used when palpating the pulse of a 3 yr old child?
- Brachial
  - Radial
  - Carotid
  - Apical
29. Which area should be used when palpating the pulse of an infant?
- Brachial
  - Radial
  - Carotid
  - Apical
30. The formula for estimating the systolic blood pressure of a child over 1 year of age is?
- $8 + 4 \text{ times the age in years}$
  - $80 + 2 \text{ times the weight}$
  - $80 + 2 \text{ times the age in years}$
  - $2 + 80 \text{ minus the weight}$
31. The formula for estimating the kilogram weight of a child is?
- Age times 2 plus 8
  - Age times 8 plus 2
  - Age plus 80
32. The cardiac arrhythmias most often seen in severely ill or injured children are?
- Heart blocks
  - Tachycardia/fibrillation
  - Bradycardia/asystole
  - Sinus and atrial tachycardia
33. The least reliable indicator of decreased cardiovascular status and shock is?
- Hypotension
  - Heart rate
  - Capillary refill
  - Level of consciousness
34. When performing a secondary assessment, which observation would most likely indicate the presence of dehydration?
- Lack of wrinkles on upper thigh or buttock area, primarily on the right side
  - Extended capillary refill
  - See-saw respiration
  - Sunken fontanel